U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, o civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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1. File Number U - 10 074

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and ദേർress of labor organization.		
Name Edward Luster	Name CWA Local 1102		
	Labor Organization File Number 055-876		
P.O. Box, Bldg., Room No., if any CWA Local 1102	P.O. Box, Building and Room Number, if any		
Street 1110 South Avenue	Street 1110 South Avenue		
City Stater Island	City Staten Island		
State New York ZIP Code + 4 10314 - 3403	State New York ZIP Code + 4 10314-3403		
5. Position in labor organization. Treasurer			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruct ans):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.			
Name Transervice Logistics, Inc.	Holiday basket (food) (estimated value)		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			

Signature

ZIP Code + 4 11042

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been exa	mined by the signatory and is, to the best of the
Signed	on 8/11/09	(718) 420-1102
	Date	Telephone Number

Street 5 Dakota Drive

State New York

Lake Success

City

\$50

Name of Person Filing Edward Luster	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the busines; of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with		
Name	a. Labor Organiz ation		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal ng.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest heid or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment		

Name of Person Filing Edward Luster	File Number U-

Part A Continuation Page				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic banefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income. Dinner (estimated value)			
Name Transerve Logistics, Inc. Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street 5 Dakota Drive				
City Lake Success	\$50			
State New York ZIP Code + 4 11042				
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose			
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest Transaction, or Income. Dinner (estimated value)			
Name Transerve Logistics, Inc.				
Trade Name, if any:				
P.O. Box, Bldg,Room No., if any	7.b. Amount.			

	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name if any).		ade name if any).	7.a. Nature of Interest, Transaction, or Income.	
	Name			
ı	Trade Name, if any:			
	P.O. Box, Bldg , Room No., if any			
			7.b. Amount.	
	Street	i		
	City			
	State	ZIP Code + 4		

ZIP Code + 4 11042

\$50

Street 5 Dakota Drive

State New York

Lake Success

City

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